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RESTRAINT REDUCTION QUESTIONS

MODULE I

1. Which of the following is NOT relevant when evaluating a device as a restraint?
   a. Can the resident remove the device easily?
   b. Is this device attached to or adjacent to the resident's body?
   c. Does the device ease the need for staff to supervise the resident?
   d. Does the device restrict freedom of movement or access to the body?

2. A device in and of itself is NOT considered a physical restraint.
   a. True
   b. False

3. A device is determined to be a restraint by the effect it has on a specific resident NOT it's intended use.
   a. True
   b. False

4. CMS guidelines allow for the use of restraints when they are used for:
   a. Discipline
   b. Resident privacy
   c. Staff convenience
   d. Treatment of a medical symptom

5. Prior to employing any restraint, the nursing home should NOT:
   a. Perform an assessment
   b. Consider the risk of using restraints
   c. Consider the convenience of using restraints
   d. Consider the feasibility of using an alternative

6. The decision to use restraints is reflected in the residents:
   a. Care plan
   b. Medical file
   c. Physician order
   d. Admission order

7. Physical restraints are allow when:
   a. Used for resident's privacy
   b. Used for staff convenience
   c. Used for disciplining residents
   d. Treating a residents medical symptom

8. What is the purpose of the survey process?
   a. To insure that facilities are using restraints on every resident
   b. To insure that facilities are providing families with a choice of restraints
   c. To insure that facilities are providing optimal quality of life for residents
   d. To insure that facilities are providing optimal quality of life for the employees

9. Surveyors can require a certain corrective action to a deficiency.
   a. True
   b. False

10. The regulations require a facility to be restraint free.
    a. True
    b. False

11. Ms. Smith is using a device that meets the definition of a physical restraint. She is able to remove the device herself in the morning but not the evening. Is this coded as a restraint on the MDS?
    a. Yes
    b. No
12. Mr. Jones has partial side rails. At times Mr. Jones needs assistance from another person in getting out of bed. Is this coded as a restraint on the MDS?
    a. Yes
    b. No
13. When coding bed rails, the assessor should focus on:
    a. Personal beliefs
    b. The effect on the resident
    c. The manufacturers purpose
    d. The reason the rails are in place
14. Framed walkers are coded as a restraint when the resident cannot easily exit the walker.
    a. True
    b. False
15. An item is NOT considered a restraint if:
    a. The device is used as a safety measure
    b. The device cannot be removed easily by the resident
    c. The device is typically used in the provision of medical care
    d. The device is attached or adjacent to the resident's body
16. Any device that meets the definition of a physical restraint must (mark all that apply):
    a. Be care planned
    b. Be approved by the family
    c. Have a physician's order for use
    d. Have a medical symptom that warrants the use of a restraint
17. An Common coding mistakes include:
    a. Side rails
    b. Bandages
    c. Wheelchair belts
    d. Didn't not use the device during the look back period
18. If there are questions regarding coding restraints on the MDS, a good source of information is:
    a. The family
    b. Other residents
    c. Surveyor audits
    d. The MDS User Guide
19. According to GPRA, in 1998 the national average of residents in daily restraints was 15, as to _____ in 2006.
    a. 1
    b. 5
    c. 9
    d. 12
20. Since 1998, Texas has _____ the use of restraints on a daily basis.
    a. Increased
    b. Decreased
    c. Stayed the same

21. Monitoring your QIs and QMs will provide a roadmap for areas of improvement.
    a. True
    b. False

22. An item is considered a restraint if:
    a. The device restricts freedom of movement
    b. The device cannot be removed easily by the resident
    c. The device is typically used in the provision of medical care
    d. The device is attached or adjacent to the resident's body

23. A device is determined to be a restraint by it's intended use NOT the effect it has on a specific resident.
    a. True
    b. False

24. When is using a wheelchair lock considered a restraint?
    a. When used while at the dining table
    b. When used while loading into a vehicle
    c. When used while stopped at a crosswalk
    d. When used to prevent from 'walking' down the hall

25. Restraining residents who are prone to confusion:
    a. Are less likely to experience incontinence
    b. Are at a lower risk of injury from the restraint
    c. Are at a greater risk of injury from the restraint
    d. Are less likely to suffer from confinement stress

26. In the definition of Physical Restraints, 'easily removed' means:
    a. The resident can remove on command
    b. Another resident removes on command
    c. The resident removes after a few hours
    d. The resident removes with the assistance of another resident

27. In the definition of Physical Restraints, 'freedom of movement' means:
    a. The resident cannot scratch their knee
    b. The resident is still able to scratch their knee
    c. The resident needs assistance in scratching their knee
    d. The resident scratches their knee after a few minutes of repositioning

28. Examples of potential restraints include (mark all that apply):
    a. Lap tray
    b. Side rails
    c. Velcro on sheets
    d. Locking wheelchairs

29. When coding a restraint, focus on the:
    a. Type of device
    b. Intent of the device
    c. Reason for the use
    d. Effect on the resident

30. What two words do you stay away from when coding restraints?
    a. Type and Use
    b. Effect and Intent
    c. Always and Never
    d. Sometimes and Maybe

31. The coding of restraints is 'black and white'.
    a. True
    b. False

32. The facility may set up an internal process to be followed every time a particular device is put in place.
    a. True
    b. False

33. For a device to be used as a restraint it must have the following (mark all that apply):
    a. Care plan
    b. Physician order
    c. Medical symptom
    d. Staff convenience

34. Restraints are coded for a ____ day look back period.
    a. 3
    b. 5
    c. 7
    d. 14

35. What is the key factor to coding a device a physical restraint?
    a. Type of device
    b. Staff convenience
    c. Intent of the device
    d. Effect on the resident

MODULE II

1. Which of the following is NOT relevant when evaluating a device as a restraint?
    a. Can the resident remove the device easily?
    b. Is this device attached to or adjacent to the resident's body?
    c. Does the device ease the need for staff to supervise the resident?
    d. Does the device restrict freedom of movement or access to the body?

2. A device in and of itself is NOT considered a physical restraint.
    a. True
    b. False

3. A device is determined to be a restraint by the effect it has on a specific resident NOT it's intended use.
    a. True
    b. False

4. Where can you go to find information about the definition of Physical Restraints?
    a. The MDS User's Manual
    b. The Resident's Grievance Committee
    c. Survey & Certification Memo S&C 07-22
    d. The State Operation Manual for Long Term Care Surveyors

5. The regulations require a facility to be restraint free.
    a. True
    b. False

6. The QM only includes residents restrained for _____ consecutive days.
    a. 1
    b. 3
    c. 5
    d. 7

7. The dangers of using side rails include (mark all that apply):
   a. Death
   b. Climbing over the side rails
   c. Climb out the bottom of the bed
   d. Going around the end of the side rail
8. Fall prevention can be used as a medical symptom for the use of restraints.
   a. True
   b. False
9. Resident safety can be used as a medical symptom for the use of restraints.
   a. True
   b. False
10. Research indicates people with confusion or poor judgment:
   a. Are less likely to experience incontinence
   b. Are less likely to suffer from confinement stress
   c. Are less at risk of hurting themselves in restraints
   d. Are most at risk of hurting themselves in restraints
11. The use of belts or waist restraints can have the same dangers as a vest restraints.
   a. True
   b. False
12. Restraint free facilities have (mark all that apply):
   a. Training
   b. Dedicated staff
   c. Less confused residents
   d. Strong administrative support
13. Reducing restraints will eliminate falls.
   a. True
   b. False
14. When addressing restraint reduction, facilities need to also address:
   a. Fall risk reduction
   b. Staff convenience
   c. Family convenience
   d. Type of restraints in use
15. What is the key factor in restraint use?
   a. Staff convenience
   b. Family convenience
   c. Individual assessment
   d. The number of residents in restraints
16. According to one administrator, who was most against removing the restraints, becoming restraint free?
   a. Staff
   b. Vendors
   c. Families
   d. Residents
17. Windy Hill's first efforts to be restraint free included (mark all that apply):
   a. Education
   b. Gathering the team
   c. Making employee happy
   d. Following the regulation guidelines

18. Windy Hill's Restraint Reduction team included (mark all that apply):
    a. Therapists
    b. Activity Director
    c. RNACs, LPNs, RNs
    d. Restorative Coordinator

19. During an in-service, Windy Hill learned that which of the following were really restraints (mark all that apply):
    a. Enablers
    b. Lap belts
    c. Bandages
    d. Positioners

20. When determining if a device is a restraint, when do you evaluate if the resident can easily remove the device?
    a. All shifts
    b. Day shift only
    c. Morning shift only
    d. Evening shift only

21. In March 2000, what did Windy Hill do to prevent staff from using restraints?
    a. Gave away all restraints
    b. Threw away all restraints
    c. Gave away most restraints
    d. Threw away most restraints

22. Some of Windy Hill's 'positioners' or 'enablers' that were truly restraints included (mark all that apply):
    a. Mary-walkers
    b. Lap buddies or trays
    c. Pummel or wedge cushion
    d. 'Quick release' shoulder straps

23. When Windy Hill began educating the staff, who was included (mark all that apply):
    a. Nurses
    b. Laundry
    c. Maintenance
    d. Housekeeping

24. What was Windy Hill's reason for their restraint reduction program?
    a. The staff
    b. The families
    c. The residents
    d. The regulations

25. Windy Hill's staff in-service education included (mark all that apply):
    a. Alternatives and interventions
    b. Physical/ Psychological effects
    c. Articles on deaths in nursing homes
    d. Having staff using different restraints

26. An effective tool to changing the staff views on restraint use is:
    a. Put staff in a restraint
    b. Fire staff for using restraints
    c. Tell staff that no more restraints will be used at all
    d. Have administrator approval for all restraint use

27. What percentage of people age 65 or older fall at home?
    a. 12
    b. 33
    c. 50
    d. 67

28. Physical effects of restraint use does NOT include:
    a. Increased Appetite
    b. Increased Weakness
    c. Increased Infection Rate
    d. Increased Mortality Rate

29. Psychological effects of restraint use does NOT include:
    a. Joy
    b. Fear
    c. Social isolation
    d. Embarrassment

30. When should the family be told that restraints will not be used unless medically necessary?
    a. Upon admission
    b. When Mom or Dad falls
    c. When restraints are requested
    d. By the 14th day after admission

31. A good philosophy for restraint reduction is 'Start low, go slow'.
    a. True
    b. False

32. Alarm monitoring for removal is an on-going process.
    a. True
    b. False

33. Alarms can solve all issues with falls.
    a. True
    b. False

34. An alternative to side rails is (mark all that apply):
    a. Fall mat
    b. Full rails
    c. Low beds
    d. Rearrange furniture

35. Oak Grove's analysis uncovered that of the falls occurred within the first ____ days of admission.
    a. 3
    b. 5
    c. 7
    d. 10

36. Windy Hill discovered that with the decreased restraint use, the falls have:
    a. Increased
    b. Decreased
    c. Been eliminated
    d. Stayed the same

37. A good time to evaluate and access a resident fall is:
    a. At the time of the fall
    b. At the weekly therapy session
    c. At the weekly standup meeting
    d. At the family grievance committee

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Module III

1. Getting the medical staff involved and in particular the medical director is a key element in beginning a restraint reduction program.
   a. True
   b. False
2. In order to become restraint free, it is a team approach involving (mark all that apply):
   a. Nursing
   b. Education
   c. Physical therapy
   d. Resident families
3. The facility should educate families and residents about the dangers of restraint use and alternatives.
   a. True
   b. False
4. Oak Grove struggles with _____ in removing side rails for residents.
   a. Staff
   b. Nurses
   c. Doctors
   d. Housekeeping
5. A component to becoming a restraint free facility is to involve and educate families.
   a. True
   b. False
6. When working with families that were resistive to removing restraints, Windy Hill would show the video:
   a. Patch Adams
   b. The Dream Team
   c. One Flew over the Cuckoo Nest
   d. Everyone Wins! Quality Care without Restraints
7. 'Family requested' is acceptable as a reason for using restraints.
   a. True
   b. False
8. Windy Hill found that a better way of discussing restraint issues with family members is:
   a. One-on-one as needed
   b. During care plan meetings
   c. During weekly stand up meetings
   d. During family grievance meetings
9. After going thru the process of restraint reduction, Delanie felt that side rails are a menace.
   a. True
   b. False
10. Delaine's best advice to families going thru the restraint reduction process is:
    a. Try it
    b. Ignore it
    c. Be afraid of it
    d. Just suck it up
11. Windy Hill took about ____ years to become restraint free.
    a. 1
    b. 2
    c. 3
    d. 4

12. If you do the right thing, the money will follow.
    a. True
    b. False
13. Suggestions for implementing a restraint reduction program include (mark all that apply):
    a. Slow down
    b. Educate staff
    c. Don't give up
    d. Have a flexible plan
14. A family's primary concern in using restraints is:
    a. Safety
    b. Knowledge
    c. Regulations
    d. Convenience
15. If the resident is a paraplegic and using the side rails for positioning, is this a restraint for this resident?
    a. Yes
    b. No
    c. Maybe
    d. Depends on an individual assessment
16. Are mittens a restraint when used to prevent a resident from removing medically necessary equipment?
    a. Yes
    b. No
    c. Maybe
    d. Depends on an individual assessment
17. How expensive is it to implement a restraint reduction program?
    a. Depends
    b. Very expensive
    c. Very inexpensive
    d. Really not expensive
18. Is a 'WanderGuard' a restraint?
    a. Yes
    b. No
    c. Maybe
    d. Depends on effect on the resident
19. Should facilities discontinue the use of seatbelts, Geri-chair or side rails?
    a. Yes
    b. No
    c. Maybe
    d. Depends on individual assessments
20. What is a medical symptom that would warrant the use of a restraint?
    a. Wandering
    b. None listed
    c. Convenience
    d. Restlessness

21. How do you keep a resident from falling out of a wheelchair?
    a. Use an alarm
    b. Use a waist restraint
    c. Use a wedge cushion
    d. Look at alternative seating

22. How do you keep residents safe from falls after removing the alarms and restraints (mark all that apply)?
    a. Hip protectors
    b. Different mats
    c. Wedge cushions
    d. Increase activities

23. Becoming and then being restraint free is an on-going process focusing on individual assessments.
    a. True
    b. False

24. Key Points for a Restraint Reduction Program (mark all that apply):
    a. Leadership support
    b. Patience and commitment
    c. Educating staff, resident and families
    d. Understanding the definition of a Physical Restraint